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NOV 28 2011

Application for License to  
Operate a Long-term Care Facility

For Office Use Only  
Received 11/28/11  
Amount 975.00

OFFICE OF INSPECTOR GENERAL

*Carmel Manor 031028*

I. IDENTIFICATION

Name Carmel Manor  
100 Carmel Manor Rd.  
Address \_\_\_\_\_  
City/County/Zip Fort Thomas, Campbell County, Kentucky 41075  
859-781-5111  
Telephone number \_\_\_\_\_  
Administrator Sister Teresa Kennedy  
Date facility operation began at current address 1949  
Date facility began operation under current owner 1949

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>65</u>	<u>65</u>
Nursing Home	_____	_____
Nursing Facility	_____	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit	Partnership
City	<input checked="" type="checkbox"/>	Corporation
Private	<input checked="" type="checkbox"/>	

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

N/A

(OVER)

*RB*

If facility owned or leased by a corporation, complete the following:

Name of corporation Carmel Manor, Inc.

Address of corporation 100 Carmel Manor Rd., Ft. Thomas, KY 41075

President or Chairman Sr. Ann Brown, O.Carm.

Vice President Sr. Anthony Veilleux, O.Carm.

Secretary Mrs. Catherine (Kit) Morrison

Treasurer Sr. Teresa Kennedy, O.Carm.

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

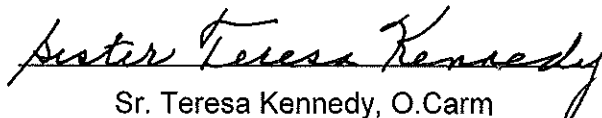
Parent

Management Company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

  
Sr. Teresa Kennedy, O.Carm

Administrator

11/18/2011

Signature of authorized representative

Title

Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)